Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-28-2010</u>	Address:	North St appr. 1/2 mile
Case #:	<u>16F19679</u>		East of US31, Kokomo, IN
County:	<u>Howard</u>		located in woods
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): N/A			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: woods			
☐ Water Reactive Metal (Lithium): <u>N/A</u>			
Anhydrous Ammonia: N/A			
Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: woods			
Corrosive Base: woods			
☐ Other (item and location): <u>filter pastes</u> , <u>woods</u>			
Child under age 18 discovered (check one) ☐ Yes N/A (number present) ☐ No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: HC DTF investigation 	
This report	t is to be faxed to the following agen	cies that serve the l	ocation:
Fire Departs	ment: <u>Kokomo Fd</u>	Fax: (765)456-7580	
Health Department: Howard Co.		Fax: <u>(765)456-2292</u> Fax: N/A	
Child Protect	ction Service: <u>N/A</u>	- ture - 11/11	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.